Differentiation of Moisture Lesions and Pressure Ulcers
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Introduction
Moisture lesions are often mistaken for superficial pressure ulcers.

- The distinction between them reliable?
- Is the distinction between them reliable?
- This poster will examine the realability of nurses in diagnosing moisture lesions and is aimed at healthcare professionals that manage skin damage of this type.
- Three pieces of research will be examined.
- There is a lack of relevant research and develop prevention and management guidance on moisture lesions.

Research Methodology
- Prospective Observulatory study
- Determine whether there is a pathophysiology and histopathology difference between pressure ulcers and other lesions.
- 14 histopathologic samples were studied from patients with both incontinence and pressure ulcer lesions.

FINDINGS - TWO DISTINCT FINDINGS

<table>
<thead>
<tr>
<th>Numbers of Samples</th>
<th>Moisture Lesion</th>
<th>Irritation Pattern</th>
<th>Stage 1</th>
<th>Stage 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>8</td>
</tr>
</tbody>
</table>

Stage 2 - Partial Thickness skin loss of dermis presenting as a shallow ulcer with a pink wound bed, without exudate. EPUAP (2009)

Moisture Lesions: interrater agreement and reliability

Research Methodology
- Examine the Interanator reliability and agreement of the diagnosis of moisture lesions as defined by EPUAP
- Examine the ability of nurses to identify moisture lesions in clinical practice
- Observational study
- 339 clients independently assessed twice by trained nurses.

Findings
- Nurses agreed in 95% of all assessed clients in the diagnosis of moisture lesions but assessment results contained a high degree of measurement error.
- Appropriate study design for the aim of the study
- First group of nurses were blinded with regards to the second round of assessments

Summary and significance of findings:
- Even though there were two histological differences identified, the author concluded that there was insufficient evidence to justify the use of the term moisture lesion. This could be argued in clinical practice as the cause of each type of these wounds should be addressed

Underpinning Theory

Moisture Lesions: interrater agreement and reliability

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Conclusion and Recommendations

Current research in this area cannot provide any strong evidence of the reliability and justification in the differentiation of pressure ulcers and moisture lesions.

The difficulty in this distinction is highlighted in all the research articles. Further research is required in this field.

Recommendations

- Focus will be on the reporting of pressure ulcer incidence.
- Prevention and Management strategies for pressure ulcers and Moisture Lesions cannot be ignored.
- The different management strategies need to be addressed and in some cases the wounds will complicat.
- Even with little supporting evidence, differentiation cannot be ignored in clinical practice.
- The different management strategies need to be addressed and in some cases not in isolation of each other.
- The wound characteristics chart is something that could be introduced into clinical practice as a guide for staff.

Wound Related Characteristic EPUAP (2005)

<table>
<thead>
<tr>
<th>Causes</th>
<th>Pressure Ulcer</th>
<th>Moisture Lesion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure</td>
<td>Burns, trauma, ischemic/ischaemic</td>
<td>Imaging,makes skin wet</td>
</tr>
<tr>
<td>Location</td>
<td>A wound not over a bony prominence is unlikely to be a pressure ulcer</td>
<td>May be over bony prominence, in skin folds, anal creases, peri-anal redness/skin irritation</td>
</tr>
<tr>
<td>Shape</td>
<td>Circular or irregular shape, limited to one spot. Exclude possible friction</td>
<td>Ultrasound may show thick plaque, localized or irregular shape. Linear shape should prompt a search for underlying injury</td>
</tr>
<tr>
<td>Depth</td>
<td>Partial-thickness from grade 1 - 4 grade</td>
<td>Moisture lesions are superficial (partial-thickness skin loss)</td>
</tr>
<tr>
<td>Necrosis</td>
<td>Present in full thickness pressure damage</td>
<td>No Necrosis or epidermal present</td>
</tr>
<tr>
<td>Edges</td>
<td>Irregular edges, clear demarcation</td>
<td>Ultrasound, irregular edges</td>
</tr>
<tr>
<td>Colour</td>
<td>Red, yellow, green, black</td>
<td>Necrosis and exudate</td>
</tr>
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Reference
